

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 10/28/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure dirty areas had an operable exhaust. The findings include: Observation and interview with the maintenance director, on October 28, 2013 p.m. at 12:00 p.m. confirmed the soiled utility room across from room 125 was not provided with an operable exhaust. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 28, 2013.	N 848	N848 1200-8-6-.08(18) BUILDING STANDARDS <u>CORRECTIVE ACTION:</u> The exhaust for the soiled utility room across from room 125 will be repaired by the Director of Maintenance and/or designee to provide a negative air pressure. Completion date 11/30/13. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. Each dirty area requiring operable exhaust (including soiled utility areas, toilet room, janitor's closet, dishwashing, and other soiled spaces) will be inspected by the Maintenance Director and/or designee to ensure compliance. Completion date 11/30/13. <u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months for each dirty area requiring operable exhaust to ensure compliance. <u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.	11/30/13 11/30/13 12/14/13 12/14/13	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM.

TITLE

Executive Director

(X6) DATE

11/13/13

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If continuation sheet 1 of 1